

Alternate Care Operating Budget

PROVIDER: _____
Parent Corp.: _____

Year: 2011
Data By: _____

Cost Category	Sub-Category	Total Facility Costs	Less: Personal Usage Share	Net for Resident Care	Room & Board	Care & Service
Staff Wages	Owner/Operator Draws			0		0
	Hired Service Staff			0		0
	Hired Meal Staff			0	0	
	Hired Maintenance Staff			0	0	
Fringe Benefits	Owner/Operator			0		0
	Hired Service Staff			0		0
	Hired Meal Staff			0	0	
	Hired Maintenance Staff			0	0	
Employee Travel	Company Owned Vehicles			0		0
	Mileage Reimbursement			0		0
Staff Recruitment, Advertising, etc.				0		0
Staff Training & Education				0		0
Supplies	Household			0	0	
	Programming			0		0
Food & Meal Costs				0	0	
Advertising (other than for Staff Recruitment)				0		0
Telephone	Staff/Owner(s)			0		0
	Resident Use			0	0	
Insurance	Property Insurance			0	0	
	Liability Insurance			0		0
Utilities (Electric, Gas, Water, Sewer)				0	0	
Maintenance/Repairs	Building			0	0	
	Equipment (Resident Use)			0	0	
	Equipment (Owner/Staff)			0		0
	Vehicle Maintenance			0		0
Rentals	Building			0	0	
	Equipment (Resident Use)			0	0	
	Equipment (Owner/Staff)			0		0
Depreciation	Building & Land Improve			0	0	
	Equipment (Resident Use)			0	0	
	Equipment (Owner/Staff)			0		0
	Vehicles			0		0
Interest	Mortgage Interest			0	0	
	Equipment (Resident Use)			0	0	
	Equipment (Owner/Staff)			0		0
	Vehicles			0		0
Non-Depreciated Equipment	Resident Use			0	0	
	Owner/Staff Use			0		0
Professional Fees (accounting, etc.)				0		0
Licenses & Fees (i.e. CBRF license)				0		0
Taxes	Property Taxes			0	0	
	Employer Taxes			0		0
Cable Television				0	0	
Resident Activities				0		0
Outside Transportation Vendors				0		0
Other Allowable Room & Board Costs				0	0	
Other Allowable Care & Service Costs				0		0
TOTAL DIRECT COSTS		0	0	0	0	0
Administrative Charge	Apply to Room & Board				0	
	Apply to Care & Service					0
Profit/Loss	Apply to Room & Board				0	
	Apply to Care & Service					0
TOTAL DIRECT & INDIRECT CHARGES				0	0	0

Provider Type (Circle One):

Adult Family Home

C.B.R.F.

R.C.A.C.

Supervised Apartment

Other

Current Residents: _____

Licensed Capacity: _____

Planned Residents: _____

Staff in Home: _____

Family in Home: _____

Total Annual Costs from Above	0	0
Planned Number of Residents	0.00	0.00
Annual Planned Costs per Resident	#DIV/0!	#DIV/0!
Monthly Planned Costs per Resident	#DIV/0!	#DIV/0!
Daily Planned Costs per Resident	#DIV/0!	#DIV/0!